

BK 0473 PG 0560

STATE MS.-DESOTO CO. SS

FILE

FILE #04-094

PREPARED BY & RETURN TO:

MCFALL LAW FIRM

7105 SWINNEA RD SUITE 1

SOUTHAVEN, MS 38671

(662) 349-7780

JUN 3 11 27 AM '04

MARGARET ANN FRAZIER,  
GRANTOR

TO

AMY GALLIMORE,  
GRANTEE

BK 473 PG 560  
W.E. DAVIS CH. CLK.

WARRANTY

DEED

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **MARGARET ANN FRAZIER**, does hereby sell, convey, and warrant unto **AMY GALLIMORE**, a married person, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 3098, Section O, Southaven West Subdivision, in Section 28, Township 1 South, Range 8 West, as shown Plat Book 5, Page 12, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to right of ways of easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and to the covenants, limitations and restrictions set forth within the recorded plat of said subdivisions well as any amendments thereto.

**BY WAY OF FURTHER EXPLANATION:** Charles Frazier, Jr. departed this life leaving said property to Margaret Ann Frazier by full rights of survivorship.

Taxes for the year 2004 have been pro-rated between Grantor and Grantee and are to be paid on due date by Grantees.

WITNESS OUR SIGNATURE, this the 28th day of May, 2004.

*Margaret Ann Frazier*  
MARGARET ANN FRAZIER

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named MARGARET ANN FRAZIER, who acknowledged that they signed and delivered the above and foregoing Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 28TH DAY OF MAY, 2004.

*Risa Runamand*  
NOTARY PUBLIC

My Commission Expires:

Notary Public State of Mississippi At Large  
My Commission Expires: March 24, 2006  
Bonded Through Holden Peoples & Burdick, Inc.

GRANTOR'S ADDRESS

*P.O. Box 1862*  
*Southaven MS 38671*

*662 393 9263* *Jame*  
HM PHONE WK PHONE

GRANTEE'S ADDRESS

*1630 Custer Drive*  
*Southaven, MS 38671*

*662-280-2200* *901-496-9674*  
HM PHONE WK PHONE (Cell)



# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0473PG0561

TYPE OF PRINT  
WITH BLACK INK

FILING DATE **DEC 06 1999**

### CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED

1. NAME First Middle Last <b>Charles Frazier Jr.</b>			2. SEX <b>Male</b>		3a. HOUR OF DEATH <b>9:30p m.</b>		3b. DATE OF DEATH (Month, Day, Year) <b>Nov. 14, 1999</b>				
4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a. AGE AT LAST BIRTHDAY <b>56</b> Years		5b. MOS <b>12</b>		5c. DAYS <b>14</b>		5d. HOURS <b>5</b>		5e. MINS <b>30</b>	
7b. CITY OR TOWN OF DEATH <b>Southaven</b>			7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>1630 Custer Dr.</b>			6. DATE OF BIRTH (Month, Day, Year) <b>Aug. 4, 1943</b>			7a. COUNTY OF DEATH <b>Desoto</b>		
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College <b>12</b> (1-4 5+)			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			11. SURVIVING SPOUSE (If wife, give maiden name) <b>Margaret Jones</b>			12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>			14. SOCIAL SECURITY NUMBER <b>425-90-1480</b>			15a. USUAL OCCUPATION (Kind of work done most of working life) <b>Fireman</b>			15b. KIND OF BUSINESS OR INDUSTRY <b>Memphis Fire Dept.</b>		
16a. RESIDENCE-STATE <b>Mississippi</b>		16b. COUNTY <b>Desoto</b>		16c. CITY OR TOWN <b>Southaven</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16e. STREET AND NUMBER OR RURAL LOCATION <b>1630 Custer Dr.</b>			

PARENTS

17. FATHER-NAME First Middle Last <b>Charles Frazier</b>			18. MOTHER-NAME First Middle Maiden <b>Avanelle Strickland</b>		
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INFORMANT

19a. INFORMANT-NAME (Type or print) <b>Margaret Ann Frazier</b>			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>1630 Custer Dr. Southaven, Ms. 38671</b>		
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b. CEMETERY, CREMATORY-NAME <b>Forest Hill South</b>		20c. LOCATION (City and State) <b>Memphis, Tn.</b>		21a. EMBARKER-SIGNATURE AND NUMBER <b>3835</b>	
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER <b>Forest Hill South</b>				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2545 E. Holmes Rd. Memphis, Tn. 38118</b>			

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <b>Kathy Cox, R.N.</b>			22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 11/14/1999</b>			22c. PRONOUNCED DEAD (Hour) AT <b>9:30p m.</b>		
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CERTIFIER

23a. CERTIFIER-NAME (Type or print) <b>JEFFERY POUNDERS, CORONER</b>			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 POUNDERS RD., NESBIT, MS. 38651</b>		
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery P. Ponder</b> MD			24e. On the basis of examination and/or investigation in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery P. Ponder</b>		
24b. DATE SIGNED (Month, Day, Year) <b>11/21/1999</b>		24c. STATE LICENSE NUMBER <b>DESO19 CMEI</b>		24f. TITLE <b>DESO19 CMEI</b>	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24g. DATE SIGNED (Month, Day, Year) <b>11/21/1999</b>		

CAUSE OF DEATH

25. PART I: DEATH CAUSED BY: IMMEDIATE CAUSE (Enter one cause only): <b>Cancer Of Brain</b>			Interval between onset and death		
(a) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			Interval between onset and death		
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			Interval between onset and death		

Had Decedent been Pregnant Within 90 Days Prior to Death?  
☐ Yes ☐ No

26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I				27. AUTOPSY (Yes or No) <b>No</b>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY <b>m.</b>		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number City or town State			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

**F. E. Thompson Jr. MD**  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

**Nita Cox Gunter**  
Nita Cox Gunter  
STATE REGISTRAR

DEC -6 99

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